STEVENS COUNTY, KANSAS
REQUEST FOR ACCESS TO PUBLIC RECORDS
(TO BE REQUESTED BY PERSON REQUESTING)

NAME: __________________________________________________________

ADDRESS: ________________________________________________________

DAYTIME PHONE (Optional): __________________________________________

SIGNATURE: ___________________________________ DATE: ___________

KSA 45-220
…(b) A Public Agency may require a written request for inspection of public records…(and) require proof
of identity of any persons requesting access to a public records…(c)…the agency may require written
certification that (1) the requester has a right; or (2) the requester does not intend to and will not: (A) use
any list of names or addresses contained in and derived from the records or information for the purpose of
selling or offering for sale any property or service to any person listed, to any person who resides at any
address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses
contained in or derived from the records or information for the purpose of allowing that person to sell or offer
for sale any property or service to any person listed or to any person who resides at any address listed.

Record sought: Please provide a specific description of the record(s) you desire to copy. Include record titles
and dates, as well as the names of county agencies or departments which produce or hold the record(s):

Record Title/Date/Description:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Charges: A Charge for providing copies of public records is authorized by State law and has
been established by the County Governing body. These charges are set at a level
to compensate the County for the actual cost incurred in honoring your request.

(To be completed by the Record Custodian)

FOR STEVENS COUNTY USE
Request for Access/Copies of Record Granted

Date Received: ___________________ Approved: _________________________

Request for Access/Copies of Record Denied. Reason: _______________________

Estimated Cost $ _______________ Amount of Payment $ _________________

Completed on _____________________ By: _______________________________
RECORD REQUEST COST SHEET:

$15.00 PER HOUR (MINIMUM 1 HOUR)

$0.50 PER PAGE

$0.50 PER SCAN (TO BE E-MAILED)

IF request is already on system and in a format to be emailed cost is only $15.

POSTAGE IF HARD COPY MAILED